MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
3					(a) 11	
3.						
5		4				
6						
7						
<u>8</u> 9				-		
10						
11						
12 13						
13	-				·····	
14 15						
16						
17				1		
18						
19 20		 	-			
21						
22						
23		-				
24 25						
26						
27						
28						
29						
30 31						
32						
33						
34						
35 36						<u> </u>
37						
38						·
39						
40	ļ			<u> </u>		<u> </u>
41 42 43 44 45 46				-		
43						
44						
45						
47						
48						
49						
50 TOTAL	-	_				
IND.		, ■		, ■		₩.
TOTAL DEP.		(7	+		(
TOTAL			4			,

S										
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
51										
52										
53										
54 55					-	· · ·				
56			7		•					
57										
58	-									
59					19					
60										
61										
62										
63										
64		-				-				
65 66										
67					-					
68										
69										
70										
71										
72										
73										
74										
75 76										
77		<u> </u>								
78										
79										
80					-					
81		·								
82		ļ								
83										
84										
85 86	ļ	 								
87		-		\vdash						
88										
89										
90										
91_										
92										
93	ļ	-	ļ							
94						.				
95 96	_	-								
97										
98										
99										
100										
TOTAL IND.		•		•		•				
TOTAL DEP.		←		(4				
TOTAL CLAIMS		1.01								